

Village of Savoy Application for Employment

Position you are applyin	g for:	Date of Application :		
Personal Information				
Last Name:	First	t Name:	Middle:	
Address:	City	r:	State:	Zip:
Phone:	Ema	_ Email address:		
Social Security Number:	Are	you eligible to work in the U	Jnited States?	YesNo
Do you presently have an a	pplication for employmen	nt on file with the Village of S	Savoy?	YesNo
Are you currently employe	d? Yes	No If yes, do you worl	kfull-ti	mepart-time
May we contact your prese	ent employer? Ye	esNo		
If offered employment wit	n the Village of Savoy, wha	at day would you be available	e to start work?	
Are you available to work f	ull-time? Yes	No	Overtime?	YesNo
Do you possess a valid, cur	rent Illinois driver's license	e? YesNo)	
Education				
School	Loc	cation	Years Completed	Year Graduated-if applicable
High School			·	
Undergraduate College				
Graduate School				
Other (Specify)				
Describe any specialized tr	aining or skills that you be	lieve add to your ability to p	erform the job a	oplied for:
		are capable of operating, th		e your ability to

Employment Experience	(Start with present, or last job f	irst/up to a 10-year p	eriod)
Employer:		Dates Employe	d:
		From	То
Address:			
Telephone number(s):	Hourly Rate/Salary:	Job Title:	
	Starting Final		
Supervisor:	Work Performed:		
Reason for Leaving:			
Employer:		Dates Employe	d:
Address:		From	То
Telephone number(s):	Hourly Rate/Salary:	Job Title:	
	Starting Final		
Supervisor:	Work Performed:		
Reason for Leaving:			
Employer:		Dates Employe	d·
Linployer.			
Address:		From	То
Telephone number(s):	Hourly Rate/Salary:	Job Title:	
	Starting Final		
Supervisor:	Work Performed:		
Reason for Leaving:			
		<u> </u>	
Employer:		Dates Employe	
Address:		From	То
Telephone number(s):	Hourly Rate/Salary:	Job Title:	
	Starting Final		
Supervisor:	Work Performed:	1	
Reason for Leaving:			

References			
Name:			
Address:	_ City:	State:	Zip:
Phone:	_ Current Occupation:		
Name:			
Address:	_ City:	State:	_Zip:
Phone:	Current Occupation:		
Name:			
Address:	_ City:	State:	Zip:
Phone:	Current Occupation:		
The Village of Savoy considers applicants for all porigin, age, non-essential physical disability, mar status.			· ·
Applicant's Statement			
I certify that answers given herein are true and o	complete to the best of my kno	wledge.	
I authorize investigation of all statements contai an employment decision. I understand that this			· · · · · · · · · · · · · · · · · · ·
I hereby authorize and direct any and all listed pr to Village of Savoy, Illinois any information the V			
I also authorize and direct the Village of Savoy to disclose any criminal records regarding me to th		a, as determined	by the Village of Savoy, to
In the event of employment, I understand that faresult in discharge. I understand, also, that I employment.	-		

Signature of Applicant

Date